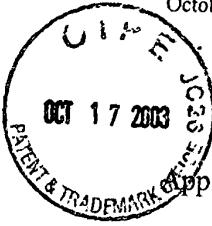


AF/1647



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Barbara A. Gilchrest, Mina Yaar and Mark Eller

Serial No.: 09/632,748 Group: 1647

Filed: August 4, 2000 Examiner: S. Gucker

Confirmation No.: 2365

For: Methods of Inducing Hair Growth and Coloration

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
October 14, 2003	Beverly Weinberger
Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated July 14, 2003 of the Primary Examiner finally rejecting claims 10, 14, 33-34, 36 and 37. The item(s) checked below are appropriate:

1. Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
 Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

10/21/2003 AHO/DAF1 00000048 09632748
01 FC:2401

4. Fees are submitted for the following:

<input type="checkbox"/> Extension of Time for [] month(s)	\$ _____
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([] mo.)	\$ _____
Less fee paid ([] mo.)	- \$ _____
Balance of fee due	\$ 0 _____
<input checked="" type="checkbox"/> Notice of Appeal	\$ 165 _____
<input type="checkbox"/> Other _____	\$ _____
	TOTAL \$ <u>165</u>

5. The method of payment for the total fees is as follows:

A check in the amount of \$165 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
Carol A. Egner
Registration No.: 38,866
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133
Date: October 14, 2003